

## APPLICATION FORM

**PLEASE COMPLETE ALL THE FIELDS BELOW**

Please detach and return this form to Fairway Credit at Premium Credit House, 60 East Street, Epsom, Surrey, KT17 1HB.

Title <input style="width: 100%;" type="text"/>	Forename <input style="width: 100%;" type="text"/>	Surname /or Company Name (if different from borrower) <input style="width: 100%;" type="text"/>						
Address <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>								
Date of Birth <input style="width: 100%;" type="text"/>	Email address <input style="width: 100%;" type="text"/>	Mobile Number <input style="width: 100%;" type="text"/>						
Name and address of Golf Club	<b>Fingle Glen Golf Hotel – Scheme Code JXS</b>							
Membership number	<input style="width: 100%;" type="text"/>							
Amount of Fees	£ <input style="width: 100%;" type="text"/>	Membership start date						
		<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y
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There are two repayment options to choose from. Please tick the option you want to use.

**Annual Membership**

Only available if you are submitting this application to commence from your club's annual renewal date.

- 10 monthly payments  
6.5% transaction fee  
(subject to a minimum transaction fee of £15)  
12.4% APR variable

**Part Year Membership**

Available if you are applying after your golf club's annual renewal date, a reduced number of monthly payments will be collected. Your welcome communication will confirm your payment schedule

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Please note that renewal transactions will be collected over 10 monthly payments

### Instruction to your bank or building society to pay by Direct Debit



Please fill in the form and send to:  
Premium Credit Ltd, Premium Credit House, 60 East Street, Epsom, Surrey, KT17 1HB

**Name and full postal address of your bank or building society**

To The Manager	Bank/building society
Address <input style="width: 100%; height: 20px;" type="text"/>	
Postcode <input style="width: 100%; height: 20px;" type="text"/>	

Name(s) of account holder(s)

Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank/building society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Service user number:

**942461**

Reference

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Instruction to your bank or building society**

Please pay Premium Credit Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Premium Credit Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date